



**2015 STUDY OF THE UNITED STATES INSTITUTES FOR SCHOLARS**

**APPLICATION DEADLINE:  
December 12, 2014**

**Only computerized (NOT HAND-WRITTEN) form will be accepted.**

**On-line applications must be submitted to**

**[RangoonUSECA@state.gov](mailto:RangoonUSECA@state.gov)**

**(OR)**

**Hard copies must be sent to**

**Cultural Affairs Unit, Public Affairs Section**

**U.S. Embassy, 110 University Avenue, Kamayut Township,  
Yangon**

**A. Title of Institute:** Please choose one (JUST ONE) of the following institutes to apply for:

- |  |           |
|--|-----------|
| 1. The Institute on American Politics and Political Thought  | (       ) |
| 2. The Institute on Contemporary American Literature         | (       ) |
| 3. The Institute on Journalism and Media                     | (       ) |
| 4. The Institute on Religious Pluralism in the United States | (       ) |
| 5. The Institute on U.S. Culture and Society                 | (       ) |
| 6. The Institute on U.S. Foreign Policy                      | (       ) |

**B. Full Name:** Your name should match your passport.

Prefix (Dr., Mr., Mrs., Ms., Miss, Daw, U):

(Please **only** include a prefix if this prefix is also written in your passport.)

Last Name(s):

First Name:

Middle Name:

**C. Gender:**

Male:

Female:

**D. Date of Birth** (please spell out Month, Day, Year):

**E. Birth City:**

**F. Birth Country:**

**G. Country(ies) of Citizenship:**

**H. Country of Residence:**

**I. Medical, Physical, Dietary or other Personal Considerations:**

Disability:

Please describe any pre-existing medical conditions, including any prescription medication you may be taking, or other dietary or personal considerations.

This will not affect candidate selection, but will enable the host institution to make any necessary accommodations.

---

---

---

**J. Candidate Contact Information:**

Home Address (No., Street, Quarter/Block, Tsp.):

City:

State/Division:

Postal Code:

Home Country:

E-mail:

Telephone:

Cell Phone:

**K. Current Position, Title, Institution:**

Position Type:

For "Position Type," please select the most suitable one from among the following:

- 1) Senior University Official, Government Minister, Senior Executive, etc.
- 2) University Dean, Government Advisor, Vice President, Junior Executive
- 3) Senior Professor, Department Chair, Director, Editor, Officer, etc.
- 4) Associate Professor, Senior Researcher/ Think-Tank Fellow, Senior Staff, etc.
- 5) Assistant Professor, Assistant Editor, Coordinator, mid-level Staff Researcher/ Think-Tank fellow, etc.
- 6) Lecturer, Teacher, Consultant
- 7) Teaching Assistant, Instructor
- 8) Others

Title:

Institutional / Company/ Organization Name:

Country:

**L. Work Experience, including previous positions and titles**

| Name of your Institution/ Organization | Title (Designation) | Job Responsibilities | From mm/dd/yyyy | To mm/dd/yyyy |
|--|---------------------|----------------------|-----------------|---------------|
|  |                     |                      |                 |               |
|  |                     |                      |                 |               |
|  |                     |                      |                 |               |
|  |                     |                      |                 |               |
|  |                     |                      |                 |               |

**M. Education, Academic and Professional Training:**

Please list all earned degrees and any and all current teacher qualifications you have such as certificates, licensures beginning with the most recent.

| Name of Degree(s)/Dip(s) | University(ies) | Specialization(s) | When you earned mm/dd/yyyy | When you expect to earn mm/dd/yyyy |
|--------------------------|-----------------|-------------------|----------------------------|------------------------------------|
|                          |                 |                   |                            |                                    |
|                          |                 |                   |                            |                                    |
|                          |                 |                   |                            |                                    |
|                          |                 |                   |                            |                                    |

### **Additional Professional Training**

| Name(s)/Types of Training | Where or from whom did you get the training(s)? | When did you get the training? |
|---------------------------|---|--------------------------------|
|                           |   |                                |
|                           |   |                                |
|                           |   |                                |
|                           |   |                                |

### **N. Active Professional Memberships:**

(Active Professional Memberships **independent** of current professional responsibilities. These should **not include** university committee work or other professional duties directly related to current employment.)

Please tick in the most suitable position type to describe the level (title) of your involvement with the organizations you mention.

| Position Type  | Title | Organization |
|--|-------|--------------|
| 1)President, Board Chairperson, Director ( )<br>2) Board Member( )<br>3)Editorial Staff, Officer( )<br>4)Contributing Member( )<br>5)Member( ) |       |              |
| 1)President, Board Chairperson, Director ( )<br>2) Board Member( )<br>3)Editorial Staff, Officer( )<br>4)Contributing Member( )<br>5)Member( ) |       |              |
| 1)President, Board Chairperson, Director ( )<br>2) Board Member( )<br>3)Editorial Staff, Officer( )<br>4)Contributing Member( )<br>5)Member( ) |       |              |

**O. Publications:** Publications should include the publication year, type of publication (tick the most suitable one from among the following options), title, and publisher. All foreign titles should be translated into English. (Maximum 10 publications)

| Publication Type  | Month/day/year | Title Publisher |
|---|----------------|-----------------|
| Book ( )<br>Edited volume (primary/co-editor) ( )<br>Book Chapter ( )<br>Journal Article ( )<br>Newspaper/Online Article ( )<br>Conference/University/Gov't working paper ( ) |                |                 |
| Book ( )<br>Edited volume (primary/co-editor) ( )<br>Book Chapter ( )<br>Journal Article ( )<br>Newspaper/Online Article ( )<br>Conference/University/Gov't working paper ( ) |                |                 |

|   |  |  |
|---|--|--|
| Book ( )<br>Edited volume (primary/co-editor) ( )<br>Book Chapter ( )<br>Journal Article ( )<br>Newspaper/Online Article ( )<br>Conference/University/Gov't working paper ( ) |  |  |
|---|--|--|

**P. Previous Applications for a U.S. Visa and Previous Travel to the United States:**

Have you applied for a U.S. visa before? Yes ( ) No ( )

If yes, please answer the following questions:

Year you applied for a visa:

Reason(s) you applied for a visa:

Did you get the visa? Yes ( ) No ( )

If no, what reason did the consular officer give you for the refusal of your visa application?

---



---



---



---

Please list all trips you have made to the United States and include approximate dates and the reason for travel.

| Type of your trip<br>(Select most suitable one)   | From<br>mm/dd/yyyy | To<br>mm/dd/yyyy | Purpose of your trip |
|---|--------------------|------------------|----------------------|
| Earned Ph.D ( )<br>Earned M.A./M.S. ( )<br>Earned B.A./B.S. ( )<br>US government grant ( )<br>Non-Degree Program ( )<br>Visit ( )<br>Short Term Travel ( )<br>English Language Training ( ) |                    |                  |                      |

**Q. Family Residing in the United States:** Please list any immediate family members who currently are residing in the United States, including city and state.

| No. | Name | Relationship with you | Address | City & State |
|-----|------|-----------------------|---------|--------------|
|     |      |                       |         |              |
|     |      |                       |         |              |

**R. Evidence of English Fluency:**

If you have a TOEFL®, ITP, or other standardized English test score, please report it below. Also please include a copy of the official score report or other documentation authenticating the score.

| Test Name | Date taken or to be taken | Score |
|-----------|---------------------------|-------|
| TOEFL®    |                           |       |
| ITP       |                           |       |
| OTHER     |                           |       |

**S. Professional Responsibilities:**

Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. Curriculum design), and/or other pertinent information.

---

---

---

---

---

**Current Courses Taught:**

| Course title | Level of students                     | Number of hours per semester | Number of students | % of US studies content |
|--------------|---------------------------------------|------------------------------|--------------------|-------------------------|
|              | Ph.D                                  |                              |                    |                         |
|              | Masters                               |                              |                    |                         |
|              | Post Secondary Level (Undergraduates) |                              |                    |                         |
|              | High School                           |                              |                    |                         |
|              | Middle School                         |                              |                    |                         |
|              | Primary School                        |                              |                    |                         |

**Current Extra-Curricular/Co-Curricular Activities Leadership**

| Activity | Position/Title | From | To | Description of Duties |
|----------|----------------|------|----|-----------------------|
|          |                |      |    |                       |
|          |                |      |    |                       |
|          |                |      |    |                       |

**Other Potential Outcomes-** Please select all of the likely potential outcomes that might result from your participation in this Study of the United States Institute on U.S. National Security Policymaking:

- 1) Update Existing Course (   )
- 2) Create New Course (   )
- 3) Create New Degree Program (   )
- 4) University Curriculum Redesign (   )
- 5) National Curriculum Redesign (   )
- 6) New Research Project (   )
- 7) New Publication; 8) Professional Promotion (   )
- 9) Government or Ministry Policy (   )
- 10) New Professional Organization (   )
- 11) New Institutional Linkages (   )
- 12) Raise Institutional Profile (   )

**T. Personal Essay (Limit 250 words)**

Essay 1) Please discuss how your participation would enhance your personal and professional goals, the current state of U.S. studies in your home country, or upon the institute. Include how attending this Institute would help you achieve the “Other Potential Outcomes” you have checked above.

**CHECKLIST FOR COMPLETE APPLICATION DOSSIER:**

Before submitting your application to the mail and e-mail address on the front page, please be sure you have included all of the following REQUIRED components:

- \_\_\_ Completed, signed application form.
- \_\_\_ One personal essay
- \_\_\_ Copy of your academic transcripts
- \_\_\_ Scanned copies of two letters of recommendation (or) the recommenders can directly email their recommendation letters to us

**PLEASE NOTE that incomplete applications will not be considered for this program!**